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Application Number	10/684,628
Filing Date	10-14-2003
First Named Inventor	Francischelli
Title	Method and System for Treatment of Atrial Tachyarrhythmias
Art Unit	3762
Examiner Name	Scott M. Getzow
Attorney Docket Number	P0010033.02

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Girma Wolde-Michael</i>	Date	11/07/07
Name	Girma Wolde-Michael	Telephone	763-505-2220
Title and Company	Deputy Chief Patent Counsel, Medtronic, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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